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Giant Buschke-Lowenstein Tumor: A Consequence of Delayed Diagnosis and Management

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Abstract

Po A 56-year-old man presented with a giant exophytic perianal mass that had been gradually enlarging for the past seven years. The lesion was initially small and asymptomatic, but over time, the patient reported discomfort during sitting and defecation, intermittent bleeding, and persistent foul-smelling discharge.

Keywords

Buschke-Löwenstein tumor; Giant condyloma; Perianal mass; HPV; Diagnostic delay.

Description

A 56-year-old man presented with a giant exophytic perianal mass that had been gradually enlarging for the past seven years. The lesion was initially small and asymptomatic, but over time, the patient reported discomfort during sitting and defecation, intermittent bleeding, and persistent foul-smelling discharge.

Clinical examination revealed a massive papillomatous tumor, approximately 15 × 20 cm, with a cauliflower-like surface, lobulated margins, and ulcerated zones. The mass extended from the anal margin to the intergluteal cleft and the scrotal base (Figures 1a, 1b). Histopathological analysis showed marked papillomatosis, acanthosis, parakeratosis, and koilocytosis without dysplasia, consistent with a diagnosis of Buschke-Löwenstein tumor (Figure2).

Buschke-Löwenstein tumor (BLT) is a rare variant of giant condyloma acuminatum, most commonly associated with low-risk human papillomavirus (HPV) types 6 and 11. Despite its benign histological nature, it can behave aggressively, infiltrating adjacent tissues and carrying a substantial risk of malignant transformation into squamous cell carcinoma — reported in 30% to 56% of cases [1,2].

This case illustrates the severe clinical consequences of diagnostic and therapeutic delay. Left untreated, BLT can reach giant dimensions, resulting in significant local morbidity, social embarrassment, and complications such as infection, fistulization, or obstruction [3,4]. Standard treatment involves complete surgical excision with wide margins, although recurrence remains frequent due to local aggressiveness and difficulty achieving clear margins. In selected cases, topical agents or immunotherapy have been proposed, but surgery remains the cornerstone of management [5].

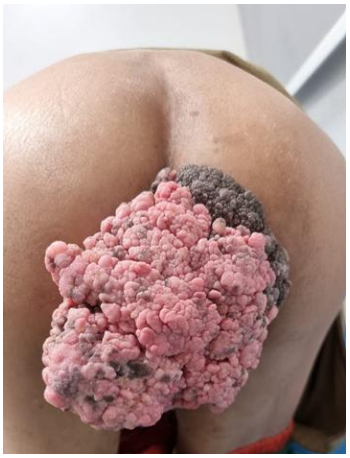

Figure 1: Posterior view showing a giant verrucous perianal tumor with lobulated, papillomatous surface.

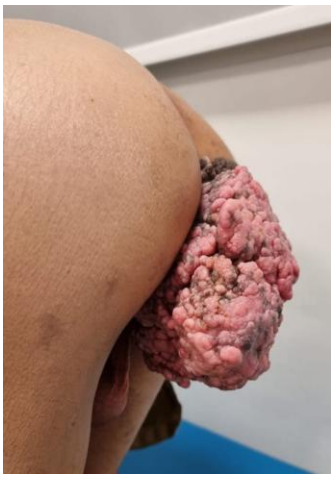

Figure 2: Lateral view showing scrotal root extension and ulcerated areas.

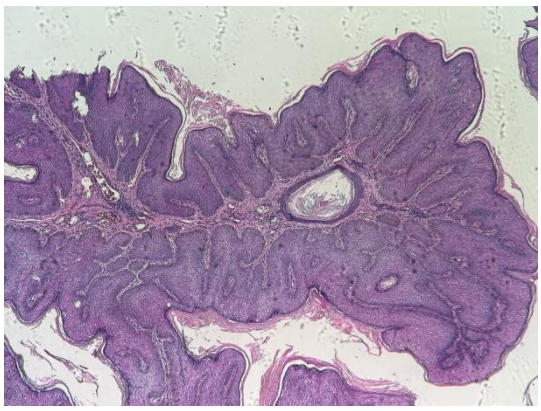

Figure 3: Histological section (H&E, ×100) showing pronounced papillomatosis, acanthosis, parakeratosis, and presence of koilocytes, consistent with Buschke-Löwenstein tumor.

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